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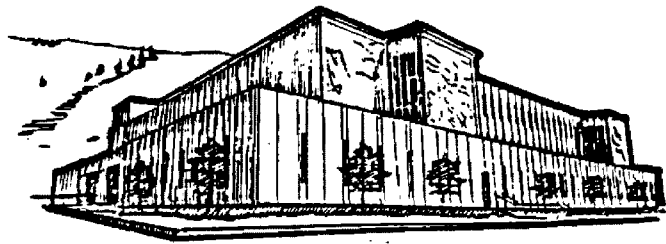
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RECREATIONAL AND LEISURE INTERESTS AMONG
MILDLY/MODERATELY MENTALLY RETARDED ADULTS SERVED BY
MONTANA'S COMMUNITY-BASED SERVICE PROGRAMS

BY

Georgina Gryc^v Park

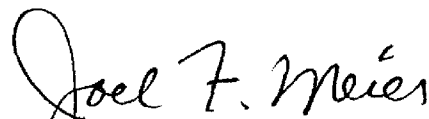
B.S., University of Montana, 1980

Presented in Partial Fulfillment of the Requirements for the
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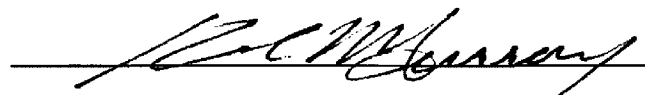
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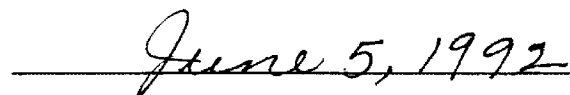
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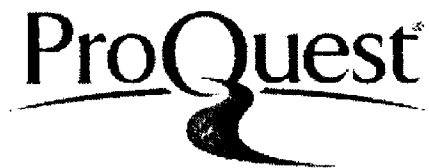


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Park, Georgina Gryc, M.S., March 1992 Recreation Management

Recreational and Leisure Interests Among Mildly/Moderately Mentally Retarded Adults Served by Montana's Community-Based Service Programs (124 pp.)

Director: Joel F. Meier *Jm*

The central questions addressed by this study were: 1) what recreation opportunities currently exist for mildly/moderately mentally retarded adults served in community-based service programs in the State of Montana; and 2) what types of recreation opportunities would these clients participate in if they existed.

Two questionnaires were utilized in this study. Questionnaire one targeted the community-based service program providers. Twenty-six corporations providing living situations for mildly/moderately mentally retarded adults in Montana were asked to complete a 24 item questionnaire concerning recreation activities offered and recreation management within group homes provided by their corporation. Eighty-seven mildly/moderately mentally retarded adults and their group home caregivers completed questionnaire two, a Pictorial Leisure Interest Inventory. The Pictorial Leisure Interest Inventory was built around seven constructs which represent areas of recreation interest: games, art, mobility, privacy, sociability, altruism and egocentricity. The resulting paired data were utilized to test the following study hypothesis: there is no significant difference between the wxpressed recreation interests of the mildly/moderately mentally retarded adults and what the community-based service program professionals perceive as their recreational interests.

Based on analysis of both questionnaires the following conclusions appear to be warranted: 1) Montana's community-based service programs offer a wide range of recreation opportunities and a variety of recreation activity choices; 2) Bowling was the most participated in activity as well as the most preferred by mildly/moderately mentally retarded adults served; 3) Although individual activities are not planned for in the majority of community-based service programs, caregivers believe mildly/moderately mentally retarded adults have an interest in that type of recreation activity; 4) Mildly/moderately mentally retarded adults are involved to at least some degree in the decision-making process that determines their recreation activities in Montana community-based service programs; 5) The results of the Pictorial Leisure Interest Inventory and the hypothesis test revealed that community-based service program caregivers' perceptions of the recreation interests of their clients correspond with the perceived recreation interests of mildly/moderately mentally retarded adults.

ACKNOWLEDGMENTS

I would like to express my sincerest appreciation and gratitude to the many people who have assisted me in this study. I wish to thank the members of my committee, Dr. B. Riley McClelland, and Dr. Frank Clark. To my thesis advisor, Dr. Joel Meier, I am particularly grateful for the time, support and infinite patience he has spent on my behalf. My appreciation is also extended to the members of the Montana University Program Satellite (MUAPS) whose grant facilitated this study, with money from the Montana Developmental Disabilities Planning and Advisory Council. Special thanks goes to Phillip Wittekiend of MUAPS. To all the Montana Group Home caregivers and clients who took part in this study I am forever in debt.

To my many friends and relatives who supported me and continually encouraged me to remember it is the process of learning that is so important, I give my thanks.

To my parents, George and Jean Gryč^v, who have always loved me unselfishly, I send a special thank you from a grateful daughter. My love to my son, Riley Gryč^v Park, who doesn't care if his Mommy has a Master's degree or not.

And last, but never least, I wish to thank my husband, Robert Park. He has continued to believe in me through this long, protracted process and I hope he knows how much I love him.

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CHAPTER ONE

Overview of the Problem

The overview of the problem allows a general view of the issues involved in this study. This chapter will include an introduction, statement of the problem, purpose of the study, hypothesis, limitations of the study and definition of terms.

Introduction

Participation in recreation and leisure pursuits has grown tremendously in the United States over the past 20 years. Americans view recreation and leisure not only as enjoyable ways to spend their free time, but also as needs and rights that help define the quality of their lives. The needs and rights of the developmentally disabled are the same as those of other Americans. Therefore, developmentally disabled persons' need for recreation and leisure pursuits, as well as care, treatment, and living skills, is paramount to the increase of their quality of life.

As deinstitutionalization of the developmentally disabled in Montana began in the early 1970's, many new opportunities in the community-at-large opened up to them. Professionals working with the developmentally disabled

population found, however, that the developmentally disabled were unskilled in using their leisure time and coping with the community-at-large (Matson and Andrasik 1982). Because many of the developmentally disableds' basic needs are met by non-developmentally disabled people, or in a setting such as a group home, most developmentally disabled individuals have a large amount of time for recreation (Schnorr and Bender 1982).

Increasing attention to the recreation needs of persons with disabilities is reflected in the recent growth of programs and services. Persons with developmental disabilities are becoming more involved in recreational pursuits such as Special Olympics. Yet it is not clear that persons with disabilities have made gains in the quality of life as a result of availability or participation in recreation.

Quality of life and its measurement have been examined from various aspects. Because the quality of life of developmentally disabled persons is a matter of high social importance in the 1990's, researchers and practitioners in recreation have suggested that leisure is an important variable in the measurement of quality of life (Schalock et al, 1989). Recreational pursuits can be seen as part of the social picture which helps to measure and evaluate an individual's, or a group's, quality of life.

Focusing attention on the recreation elements of quality of life for persons with developmental disabilities, there are three criteria to measure: 1) the availability of choices, 2) the opportunity to make a choice, and 3) the ability and freedom of independent pursuit (Offner 1986). When any one of these conditions is restricted, the result may impact an individual's quality of life. The availability of choices is correlated to the options that exist for the individual. In recreation, options include a wide variety of choices such as swimming, watching videos, and painting, and hang gliding.

Because many developmentally disabled individuals live in group homes, choices of recreation and the opportunity to make such a choice may be limited by money, transportation, physical barriers, staff and/or volunteer availability or interest, and restrictions based on societal attitudes about persons with disabilities. Within any set of recreation options an individual must also be given the opportunity to make a choice.

Not only must individuals (developmentally disabled or otherwise) be given choices, they also need the ability and freedom to pursue their own unique recreation experiences independently. Developmentally disabled persons need the freedom to choose from all the available options and to make their decision independently. Even when developmentally disabled persons have a wide range of recreation options

available to them, their freedom to choose is often limited because they are required to participate in staff planned activities with other members of their group home.

Statement of the Problem

Developmentally disabled persons have the same desire and need to enhance the quality of their life as everyone. They often have sufficient time, but may lack the skills and/or opportunity to recreate. There are few empirical data available that address either the availability of recreational pursuits for the developmentally disabled or the issues relating to quality of life (Hill et al. 1984).

The central questions addressed by this research were:

1) what recreation opportunities currently exist for mildly/moderately mentally retarded adults (henceforth referred to as MMRA) served in community-based service programs; and 2) what types of recreation opportunities would these clients participate in if they existed.

Purpose of the Study

The goal of this study was to identify recreational activities offered to mildly and moderately mentally retarded adults served in community-based service programs and to assess any unmet recreational interests of these adults.

This goal may be subdivided into the following critical questions:

1. Do recreation activities managed by professionals working in Montana community-based service programs provide a wide range of opportunities and a variety of activity choices?
2. Are MMRAs involved in the decisions dealing with the provision of their recreation activities in community-based service programs?
3. What are the recreation interests of the MMRAs served in community-based service programs.
4. What do professionals working with MMRAs perceive are the recreation interests of the MMRAs in community-based service programs.

Hypothesis

Based on review of the literature and needs expressed by the Montana Developmental Disabilities Planning and Advisory Council, the following hypothesis was formulated.

There is no significant difference between the expressed recreation interests of the MMRAs and what the community-based service program professionals perceive as their recreational interests.

Limitations of the Study

It has been estimated that Montana has 3,200 mentally retarded persons being served by the state (State of Montana State Plan for Developmental Disabilities 1986). Many of these are currently being served in communities throughout the state by one of 33 non-profit corporation that provide community-based services such as work and living situations. Due to the large number of individuals and variety of disabilities that fall under federal and state laws, this study was limited to a specific population within the broad category.

The population chosen for study include MMRAs being served by community-based services in Montana. MMRAs were chosen, in part, because of their numbers. Approximately 85 percent of the mentally retarded population being served in Montana is mildly or moderately mentally retarded (State of Montana Plan for Developmental Disabilities). Abilities of MMRAs were also a factor in choosing this population. Although severely and profoundly retarded individuals have the same quality of life needs, they tend to have significantly different communication and skill levels. Survey instruments appropriate for MMRAs may not be appropriate for severely and profoundly retarded individuals.

Definition of Terms

For the purposes of this study the federal definition of developmental disabilities, as contained in Public Law 95-602, the "Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978," will be used. Under the federal definition developmental disabilities is defined as:

"... a severe, chronic disability of a person which --
(1) is attributable to a mental or physical impairment or combination of mental and physical impairment;
(2) is manifested before the person attains age twenty-two:

(3) is likely to continue indefinitely:
(4) results in substantial functional limitation in three or more of the following areas of major life activity:

- (a) self-care;
- (b) receptive and expressive language;
- (c) learning;
- (d) mobility;
- (e) self-direction;
- (f) capacity for independent living; and
- (g) economic self-sufficiency; and

(5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic

care, treatment, or other services which are individually planned and coordinated."

Further delineation of the study population will follow the State of Montana's definition. As defined by the State, "mentally retarded refers to a person (1) with significant subaverage general intellectual functioning; (2) which originated during the developmental period; and (3) who does not exhibit acceptable adaptive behavior". All three criteria must be met before a person is classified as mentally retarded. Subaverage general intellectual functioning is regarded as approximately 1.6 standard deviations below the population mean (I.Q. of approximately 69 as determined by an individual test of general intellectual functioning). Mild to moderately retarded can be further defined as those individuals generally with an I.Q. score between 35 and 69. (State of Montana State Plan for Developmental Disabilities).

Other terms and concepts crucial to this study are defined below:

Community-based Services--organizations, located in various Montana communities, that contract with the State of Montana Developmental Disabilities Division to provide support and/or services to persons who are developmentally disabled. The community-based service system includes a variety of different service programs to better meet the

individualized needs of the persons served (Developmental Disabilities Division, 1989). Services may include all or part of the following: Basic Life Centers, Work Activity Centers, Sheltered Workshops, Vocational Placement, Senior Day Programs, Services to Families, Children's Group Homes, Intensive Training Homes, Adult Group Homes, Senior Group Homes, Transitional Living Services, Independent Living Training, and support services.

Deinstitutionalization--a concept with three interrelated processes: (1) prevention of admission to a public institution by developing, finding and using alternative community methods of care and training; (2) return from institutions to the community those residents who can function appropriately and who can benefit from community-based habilitation and training programs; and (3) establishment and maintenance of a responsive institutional environment which protects the human and civil rights of the developmentally disabled individual and which contributes to the appropriate and expeditious return of the individual to the community.

Group Home--a closely supervised living situation for developmentally disabled individuals which focuses on development of self-help skills to prepare the individual for semi-independent living. The majority of adults receiving these services in Montana are living in typical model eight-person group homes, with two staff. To help

clients become more independent training is provided in such areas as cooking, housekeeping, and leisure skills (Developmental Disabilities Division 1989).

Normalization--philosophy that developmentally disabled individuals should be exposed to patterns and conditions of daily life which are consistent with the norms of society and that training should be provided to the developmentally disabled to enable them to function appropriately in the mainstream of society.

Two questionnaires were used to collect data necessary to meet the study objectives. Participants in this study all lived or worked in a Montana Community-based Service Program. Further delineation of the study group and a more complete description of the study design and methodology can be found in Chapter 3.

CHAPTER 2

Literature Review

Introduction

In reviewing the literature, information was sought concerning several areas relating to MMRAs, including an understanding of how recreation affects the quality of life of MMRAs, a historical perspective of MMRAs and their recreational opportunities, and studies dealing with MMRAs and their recreation choices.

Maslow's Theory of Human Motivation and Personality

The impact that recreation and leisure can have on human development and behavior is understandable in the context of Maslow's (1970) theory of human motivation and personality. Maslow saw individuals as existing in a continual state of need. As needs are met, or satisfied, another need surfaces. Therefore, individuals rarely reach a state of complete satisfaction. According to Maslow these needs are innate and can be ordered into a hierarchy (Table 1).

Maslow's theory assumes that the lower a need is in the hierarchy, the more it is necessary. Physiological needs, such as hunger and sleep, must be met minimally before an individual is aware of, or motivated by, safety needs. As a

need is minimally satisfied, such that it ceases to be a primary motivator of the individual's behavior, an individual moves up the hierarchy of needs.

Physiological needs are the most basic and powerful. Failure to satisfy these needs at a basic level will result in the individual's death. Safety needs, usually more of a concern in childhood, revolve around the desire for structure and predictability in our lives. The need for love and belonging is based on respect, trust and mutual admiration, according to Maslow. Because of the transient nature of the current society these needs are frequently unmet.

Self-esteem needs are directly concerned with such things as recognition, appreciation, confidence, competence, achievement and independence. Healthy individuals who have achieved self-esteem accept themselves and others. At the top of the hierarchy is the need for self-actualization. This is the desire of individuals to reach their full potential in a self-determined way. The higher up the hierarchy an individual is able to work, the more uniqueness and psychological health he or she will achieve.

MMRAs served in group homes have most, if not all, of their physiological and safety needs met for them. Certainly, group home residents take part in providing for their own basic needs. There are, however, other adults present who make sure the basic needs are fulfilled when,

History of Recreation and Leisure and the Developmentally Disabled Population

To understand the role of recreation in the normalization of mentally retarded persons it is important to look at the history of care for the mentally retarded in this country. During most of this century developmentally disabled persons, and specifically mentally retarded individuals, have been segregated by placing them in institutions. The common belief was that the best care could be given there and this was in the best interest of society at large (Salzberg and Langford 1981). Several major events helped frame the context for the dramatic shift in attitudes towards the mentally retarded and beliefs about how they should live.

Historically, the events that first focused attention on the need for programs and services for mentally retarded infants and children were the formation of the National Association of Parents and Friends of Retarded Children in 1950 (the name was changed to the National Association for Retarded Children in 1952) and Congressional passage of the Maternal and Child Health and Mental Retardation Planning Amendments of 1963. As children effected by these events got older and needed programs to meet their changing age levels, attention was focused on adult mentally retarded persons. In 1974 the National Association of Retarded Children changed the word "children" in its title to

"citizens" as it recognized the need, as stated in its own by-laws, "to promote the general welfare of the mentally retarded of all ages" (Segal 1977).

During the same time, descriptions of the care mentally retarded persons were receiving in institutions were brought to the attention of the public, partly due to parent advocates. Included in these accounts was documentation of the lack of recreation activities available to mentally retarded persons. The negative and deteriorating effects which public facilities had on mentally retarded persons, combined with the new concept of normalization (first developed in Scandinavian countries), lead to the deinstitutionalization movement in the 1970's.

The aim of the deinstitutionalization movement is the normalizing of environments for disabled citizens. This includes the (a) creation and maintenance of environments that do not excessively restrict disabled persons, (b) creation of arrangements that bring persons as close as possible to the social and cultural mainstream, and (c) guarantee that the human and legal rights of disabled citizens are protected (Neufeld 1977). Nirje, in his often quoted work on the normalization principle, noted that this "...implies a normal routine of life... (including) ... leisure time activities in a variety of places" (Nirje 1972).

Research in Mildly and Moderately Mentally Retarded Adults Recreation Pursuits

Recreational pursuits have become part of the focus of the success or failure of the normalization process for MMRA now entering the community-at-large. A number of studies have been done following individuals who have left institutions for community living (Luckey & Shapiro 1974; Corcoran & French 1977; Crapps, Langone & Swaim 1985). These studies found that deinstitutionalized adults were not taking part in community recreation and opportunities. A number of reasons were found and hypothesized for this lack of participation.

Fewer studies have looked specifically at recreational pursuits. As with other aspects of their lives, recreation has been, to a certain extent, limited and prescribed by the professionals working with MMRA's. Particularly before deinstitutionalization, leisure activities were limited by preconceived notions, lack of resources, and general poor care. Often recreation activities were seen only as therapeutic or as time fillers. Yet, leisure participation promotes increased independency, a primary aim of deinstitutionalization.

As mentally retarded persons moved out of the institutions and into the community, professionals found that a lack of skills kept persons with developmental disabilities from taking part in recreation (Corcoran and

French 1977). As a result professionals began studying and proposing recreation skill development. Numerous authors looked at teaching specific recreation skills as a way of enabling mentally retarded persons to use their leisure in a wise or productive manner. Professionals have taken several approaches in this area.

Wehman and Schleien (1980), Horst, Wehman, Hill and Bailey (1981), Halasz-Dees and Cuvo (1986) and others looked at teaching a specific recreational skill associated with a single activity. Halasz-Dees and Cuvo, for example, proposed and tested the teaching of macrame to persons with developmental disabilities. The authors concluded that the activity allowed the persons to acquire a new recreation skill and also promoted integration with non-handicapped persons in the community. In general, researchers investigating the teaching of specific recreation skills believe that it promotes community integration as well as aiding persons with developmentally disabilities to use their free time in a wider variety of ways.

Matson and Andrasik (1982) investigated the building of social interaction skills as a way of promoting increased recreation participation. It is their belief that social-skill deficits have held back persons with developmental disabilities from optimum adjustment and conformity in the community. Dixon (1980) and Katz & Singh (1986), along with others, examined the role of leisure education and

counseling as a generalized way to increase recreation participation and enjoyment.

All these studies looked at systems that impose a preconceived choice on persons with developmental disabilities, as opposed to allowing them to choose. The question still remains whether or not we know what the person with developmental disabilities would choose if given the ability and freedom to make that choice.

Some investigations have explored the recreation interests of MMRA's. Many of these studies focused on baseline research concerning how persons with developmental disabilities spend their leisure time, an important first step to the understanding of the overall question.

Cheseldine and Jeffree (1981) asked parents of mentally handicapped adolescents about their child's use of leisure time. When parents were asked, "What does he/she do in his/her spare time?" the top five responses were: listening to records or tapes, watching T.V., shopping, trips in car with the family, and helping in the house. In Aveno's (1987) study a comparison was made between the leisure time use of severely retarded adults in group homes and severely retarded adults in foster homes. The top ten leisure activities for both group home clients and foster home clients included: T.V./radio, walks, going out to eat, camping/picnicking, beauty/barber shop, party/dances, going to the park/zoo, swimming, bowling, and movies/concerts/plays.

Directly asking the mentally retarded has also been used to determine recreation activities and satisfaction. Mabrey (1975) asked 31 MMRA's residing in group homes in Florida about their leisure activities and interests. Activities in Mabrey's top ten list of favorite recreation activities were: watching T.V., listening to music, going to the movies, reading, swimming, bowling, socializing, embroidery, table games, and dancing. Also, when Mabrey asked participants why they failed to participate in activities in which they had shown an interest, the first reason was lack of opportunity.

As with many other researchers, Mabrey was interested in certain qualities of recreational activities listed. She investigated two recreational qualities; passive versus active activities and individual versus group activities. In the Florida study Mabrey found a higher percentage of passive activities favored and participated in, and a slight emphasis on individual activities.

Summary

In closing, a review of the literature revealed that MMRA's have made large strides in acceptance in the general community and in their ability to lead a normalized life. But past studies of MMRA's following deinstitutionalization have shown that community recreation participation has been lacking. Many studies have then been focused on teaching

specific leisure skills, building social interaction skills as a way of improving recreation participation or examining leisure education and counseling to increase MMRAs recreation participation.

Fewer studies have addressed asking MMRAs and their caregivers about recreation interests. Mabrey (1975), Cheseldine and Jeffree (1981), and Aveno (1987) all explored the recreation interests of MMRAs. Each of these studies found similarities in responses to favorite recreation activities and how individuals occupied their time, including: listening to records or tapes, watching T.V., walks, going out to eat, camping/picnicking, dances, swimming, bowling, movies/concerts/plays, reading, table games, and socializing.

by the managers of each facility within the corporation, and multiple questionnaires were mailed to each site. An initial mailing to the corporation administrator included the number of questionnaires (Appendix C) believed needed at that site with cover letters (Appendix A and B) for each administrator and manager. The cover letter to the administrators explained the goals and objectives of the study and identified those who should complete the questionnaires. In accordance with recommendations on conducting surveys, a cover letter directed towards the managers also explained the goals and objectives of the study and explained how they should complete the questionnaire. Questionnaires included an identification number to track returns and aid in follow-up procedures (Dillman 1978). An explanation of the identification number was included in the cover letter (Appendix A).

Each questionnaire was accompanied by a postage-paid return envelope. The mailings were sent during the third week of March 1987. Due to the time needed to disseminate the questionnaire through a corporation, the first reminder was postponed until April 20, three weeks after the initial mailing. A second reminder took place on April 30 for those who had not yet responded. Each reminder consisted of a personal phone call to the corporation administrator reiterating the need and goals of the study and soliciting information on any problems with the process. When

necessary, a second mailing with questionnaires, return envelope, and cover letters was sent.

The second questionnaire was aimed at MMRAs currently being served by the community-based service programs statewide. Due to the limited abilities of some clients to communicate, this questionnaire was administered by a corporation staff member at each site. According to recommended procedures for conducting surveys, the questionnaires were accompanied by a postage-paid return manila envelope, a cover letter (Appendix D) explaining the questionnaire, and a set of instructions for administering the questionnaire (Appendix E). Corporations that agreed to take part were paid five dollars for each set of questionnaires completed and returned. One hundred subject were needed for the study. Of the 33 corporations providing community-based service programs, 11 corporations were contacted by phone and 10 agreed to take part in the study. Six to twelve questionnaires (Appendix F), depending on the size of the corporation, were mailed.

Research Instrument Methodology

A number of practitioners have attempted to assess the recreation practices of MMRAs using various methods. Typical methods included: asking MMRAs what recreation activities they have taken part in (Sherrill and Ruda 1977; Kennedy, et al 1990); asking caretakers (parents or group

home providers) what recreation activities MMRAs took part in (Matthews 1980; Kennedy, et al 1990); or through direct observation of the recreation activities MMRAs took part in (Sherrill and Ruda 1977).

Quality of life variables, including leisure and recreation, need to be assessed from the personal viewpoint of the individuals themselves (Heal and Chadsey-Rusch 1985). Therefore, it is important to find a means of assessing what the individual would choose to do, as opposed to the practitioner's assuming what the individual MMRA would like to do.

One of the difficulties with sampling mentally retarded adults is that they are very likely to give inaccurate answers to yes-no questions. MMRAs may be influenced by question structure and wording and by wanting to please caregivers (Sigelman, et al. 1981). Either-or questions seem to elicit more valid responses (Sigelman, et al. 1981). The authors also suggest the use of pictures to enhance ease of answering questions by MMRAs (Sigelman, et al. 1980 and Sigelman, et al. 1981). A few model questionnaires have been proposed but none have garnered discipline-wide use (Joswiak 1980; Fain 1980; Heal and Chadsey-Rusch 1985; Kennedy, et al. 1990).

In order to gather as much accurate information as possible for this study, two methods of obtaining data were used. Since no known standardized measures capable of

obtaining the information desired were available for the first questionnaire, a 24-item survey instrument was developed with input from the Missoula Affiliated Program Satellite staff and other recreation management professionals knowledgeable in the field. Questionnaire design followed suggestions and information provided by Berdie and Anderson 1974 and Dillman 1980. The Recreation/Leisure Activities in Community-based Service Programs Survey was a mail return questionnaire consisting of 15 recreational questions and nine demographic questions (Appendix C). This questionnaire was designed to solicit information concerning the following areas of interest:

1. current recreation activities being offered
2. participation and popularity of activities
3. recreation activities group size
4. client input and options
5. factors affecting activity decisions
6. perceived client interests
7. demographics of the group home being surveyed

The second questionnaire was modeled after work done by Fain (1980), which utilized pictures to elicit information from individuals in a wide variety of settings and with a wide variety of skills. This was done because of the difficulty in asking verbal questions of MMRA's and because the use of pictures helps to facilitate understanding and provides more information.

Fain's Pictorial Leisure Interest Inventory was built around seven constructs which represent areas of recreation interest as opposed to representing directly a type of recreation activity. This was done to more accurately portray the types of recreation activities an individual might wish to take part in instead of asking about an endless list of specific recreation activities with which the interviewee might not be familiar.

Specifically, the Pictorial Leisure Inventory (PLII) was designed around seven constructs or areas of recreation qualities. The 35 pictures comprising the PLII each depicted a quality of recreation rather than just a recreational activity. Seven qualities of recreation were pictured. Five pictures representing each quality were randomly dispersed over the 35 pictures. The seven qualities were:

1. Games--human relationships in which there are rules, a struggle and climax, with one or more persons emerging as the winner or loser.
2. Art--creative and free activity which includes a wide variety of media. Most art activity can be carried on alone and has the possibility of providing a heightened experience.
3. Mobility--relationship to the world. It implies that people go to the world for new experiences. Curiosity, adventure, and the need to "get out"

are the primary motives.

4. Privacy--the desire to be undisturbed and left alone. There is little interest in exploring, creating, developing, and/or maintaining relationships with others. It is characterized by secrecy, seclusion, and remoteness.
5. Sociability--one person's relationship to others. It bears a minimum of content beyond interest in or liking for other persons. No consequences, no rewards, no material gains need be in the offing.
6. Altruism--involvement in activity primarily for the sake of others. It is characterized as unselfish concern for others and the desire to help or do the "right thing."
7. Egocentricity--activity engaged in primarily for fulfillment, betterment or maintenance of self. The pursuit of pleasure, sustaining and improving one's health are characteristic.

Both research instruments were pre-tested with appropriate subjects. Questionnaire #1, Recreation/Leisure Activities in Community-Based Service Programs, was pre-tested with six adults familiar with Montana Group Homes but not currently working in a Montana Group Home. Questionnaire #2 was pre-tested with four MMRAs from Big Bear Resources in Missoula. None of the pre-test subjects were used in the final study.

Data Analysis

Data analysis for the two questionnaires included determining frequencies and percentages as well as the use of the Mann-Whitney test to test the hypothesis. A standard PC statistical package was utilized for data analysis.

Since the data collected through Questionnaire #2 cannot be considered normally distributed, a nonparametric statistical procedure was used. The hypothesis question for this study is whether the two independent populations, caregivers and MMRAs, have similar responses. The Mann-Whitney test is designed to determine this.

The Mann-Whitney test centers around the idea that if the sum of the rankings of the caregivers responses differs greatly from the sum of the rankings of the MMRAs responses there is a difference in central locations of the populations and therefore the responses are not statistically similar. To test the hypothesis, the caregivers responses to the seven PLII recreation constructs were compared to the MMRAs responses to the same seven PLII recreation constructs. Each of the seven constructs was tested using the Mann-Whitney test to determine if there was a similarity.

CHAPTER 4

Results

Overview

The following information was gathered using the two questionnaires: Recreation/Leisure Activities in Community-Based Service Programs and the Pictorial Leisure Interest Inventory. This chapter is divided into the following three sections: Responses and Results of questionnaire #1, Responses and Results of Questionnaire #2, and Test of the Study Hypothesis.

Response to Questionnaire #1

Questionnaire #1, Recreation/Leisure Activities in Community-Based Service Programs, was a mail return questionnaire consisting of 24 questions. All 33 of Montana's community-based service programs providing services to MMRAs were surveyed. Each community-based service program administers multiple living and work situations. Of the 33 corporations surveyed 27 responded. Twenty-six corporations completed questionnaires and one corporation was determined not appropriate for the study.

Results of Questionnaire #1

A large quantity of information was obtained through the first questionnaire. Results and a brief description of each question follows.

To examine the diversity and variety of activities available to MMRAs, community-based service providers were asked which of their recreation activity offerings had the greatest number of participants (Table 2). The respondents were requested to list the top five activities in rank order.

This open-ended question provided an opportunity to view the breadth and diversity of activities offered by community-based programs in Montana. Seventy different activities were given as the top five participated in activities in group homes across the State of Montana.

As mentioned, providers were asked to list the top five activities based on participation. The results are shown in Tables 3 through 7.

TABLE 2

ACTIVITIES MOST PARTICIPATED IN BY GROUP HOME MEMBERS

Activity Books	Individual Activities
Adapted Aquatics	Kickball
Aerobics	Models
Bingo	Movies
Bike Riding	Music
Bowling	Out-of-Town Trips
Camp	Outdoor Activities
Camping	Outings/Field Trips
Car Rides	Park & Rec Activities
Church	Parties
Coffee Breaks	Picnics
Concerts	Ping Pong
Cooking	Pool/Billiards
Crafts	Pot-luck/Barbecues
Dancing/Dances	Puzzles
Day Excursions	Radio
Drawing/Coloring	Rafting
Eating Out	Reading
Entertainment Centers	School Activities
Exercise	Shopping
Feeding Ducks	Skiing(Cross-country)
Fishing	Skiing(Downhill)
Flying Kites	Snack Time
Frisbee	Snow Sledding
Games(Board/Table)	Social Club
Group Games	Softball/Baseball
Games(Card)	Special Events
Going to Sports Events	Special Olympics
Going to the Park	Swimming
Hiking	Television
Hobbies	Talent Show
Horseshoes	Videos
Horseback Riding	Visiting
Group Activities	Walks
Basketball	Writing Letters

TABLE 3
RECREATION ACTIVITIES OFFERED TO GROUP HOME MEMBERS WITH THE
GREATEST NUMBER OF PARTICIPANTS

Activity	n	Percent
Bowling	14	16.1
Eating Out	9	10.3
Movies	6	6.9
Dancing/Dances	4	4.6
Picnics	4	4.6
Swimming	4	4.6
Videos	4	4.6
Car Rides	4	4.6
Aerobics	3	3.4
Camp	3	3.4
Music	2	2.3
Outings/Field Trips	2	2.3
Parties	2	2.3
Potluck Dinners	2	2.3
Social Club	2	2.3
Special Olympics	2	2.3
Television	2	2.3
Basketball	2	2.3
Coffee Breaks	1	1.15
Crafts	1	1.15
Adapted Aquatics	1	1.15
Exercise	1	1.15
Fishing	1	1.15
Flying Kites	1	1.15
Table/Board Games	1	1.15
Going to the Park	1	1.15
Individual Act.	1	1.15
Bingo	1	1.15
Puzzles	1	1.15
Downhill Skiing	1	1.15
Visiting	1	1.15
Walks	1	1.15
Camping	1	1.15
Answer not Readable	1	1.15

TABLE 4

THE SECOND MOST PARTICIPATED IN RECREATION ACTIVITY BY GROUP HOME MEMBERS. (ONLY ACTIVITIES LISTED 3.4% OR MORE OF THE TIME ARE SHOWN.)

Activity	n	Percent
Bowling	13	15.0
Movies	7	8.0
Eating Out	6	6.9
Swimming	6	6.9
Camp	5	5.7
Crafts	4	4.6
Dancing/Dances	4	4.6
Fishing	4	4.6
Parties	3	3.4
Softball/Baseball	3	3.4
Special Olympics	3	3.4
Basketball	3	3.4

TABLE 5

THE THIRD MOST PARTICIPATED IN RECREATION ACTIVITY BY GROUP HOME MEMBERS. (ONLY ACTIVITIES LISTED 3.4% OR MORE OF THE TIME ARE SHOWN.)

Activity	n	Percent
Picnics	8	8.0
Basketball	6	6.9
Dancing/Dances	4	4.6
Eating Out	4	4.6
Movies	4	4.6
Shopping	4	4.6
Swimming	4	4.6
Walks	3	3.4
Visiting	3	3.4
Television	3	3.4
Special Olympics	3	3.4
Parties	3	3.4
Concerts	3	3.4

TABLE 6

THE FOURTH MOST PARTICIPATED IN RECREATION ACTIVITY BY GROUP HOME MEMBERS. (ONLY ACTIVITIES LISTED 3.4% OR MORE OF THE TIME ARE SHOWN.)

Activity	n	Percent
Bowling	6	6.9
Did not Answer	6	6.9
Movies	5	5.7
Walks	5	5.7
Crafts	4	4.6
Picnics	4	4.6
Basketball	4	4.6
Exercise	3	3.4
Table/Board Games	3	3.4
Swimming	3	3.4
Camping	3	3.4
Not Readable	3	3.4

TABLE 7

THE FIFTH MOST PARTICIPATED IN RECREATION ACTIVITY BY GROUP HOME MEMBERS. (ONLY ACTIVITIES LISTED 3.4% OR MORE OF THE TIME ARE SHOWN.)

Activity	n	Percent
Did not Answer	15	17.2
Swimming	6	6.9
Picnics	5	5.7
Movies	4	4.6
Downhill Skiing	4	4.6
Television	4	4.6
Concerts	3	3.4
Crafts	3	3.4
Eating Out	3	3.4
Exercise	3	3.4
Table/Board Games	3	3.4
Outings/Field Trips	3	3.4
Not Readable	3	3.4

As can be seen from Table 3, 34 activities were rated number one in activity participation at state group homes. However, 24 of those activities were mentioned only once or twice, constituting only 1.2% or 2.3% of the total. The top six activities listed in Table 3 as having the greatest participation are: bowling, eating out, movies, dancing/dances, picnics, and swimming. These six activities comprise 47.1% of the 34 activities given. It is of interest to note that these same six activities also appear in the top ten rankings in Tables 4, 5, 6, and 7. Even though as many as 41 different recreation activities were listed in these tables the top ten to 13 activities generally comprised 56% to 69.9% of the total number of activities listed (Tables 3,4,5,6,and 7).

Bowling was not only the number one participated in recreation activity, it also received top ranking on the second and fourth most participated in activity. As can be seen in Table 3 16.1% of the respondents determined that bowling was the most participated in activity. Fifteen percent ranked bowling as the second most participated in activity (Table 4). And 6.9% of the respondents ranked bowling as the fourth most participated in activity (Table 6).

Community-service providers were then asked to rank in order of client preference which three of the most participated in activities were most popular. The

underlying question was whether activities that people took part in were the activities they enjoyed the most. Table 8 reveals the first, second, and third activity preferences.

Table 8 shows that in the three different preference categories, bowling, eating out, dancing/dances, movies, and swimming all appear under two or three of the categories. It is of interest to note that with the exception of picnics the same five activities are ranked as most participated in question one (Tables 3,4,5,6,and 7). Once again bowling, which was determined to be the most participated in activity, also appeared to be the top preference of clients in their first and second preference categories.

The group size that community-based service providers most commonly planned for when providing recreation activities is shown in Table 9.

Variety of recreation experience in the form of different group interactions is an important component to the quality of MMRA's recreation life. All individuals, whether mildly/moderately mentally retarded or not, require different amounts of group interaction and individual time for leisure pursuits. Table 9 reveals that nearly 60% of the community-based service providers indicated that they most often planned recreation activities for large groups (6 or more people). Another 33% of providers programmed primarily for small groups (2-5 participants). A very small percentage planned for individual recreation activities.

TABLE 8

FIRST, SECOND AND THIRD ACTIVITY PREFERENCES OF GROUP HOME MEMBERS FROM THE MOST PARTICIPATED IN RECREATION ACTIVITIES. (ONLY ACTIVITIES LISTED 4.6% OR MORE OF THE TIME ARE SHOWN.)

Activity	n	Percent
<u>1st Preference</u>		
Bowling	13	15.0
Eating Out	9	10.3
Car Rides	5	5.7
Movies	5	5.7
Dancing	4	4.6
<u>2nd Preference</u>		
Bowling	14	16.1
Eating Out	6	6.9
Dancing	4	4.6
Table Games	4	4.6
Movies	4	4.6
Swimming	4	4.6
Camp	4	4.6
<u>3rd Preference</u>		
Swimming	7	8.0
Movies	7	8.0
Picnics	6	6.9
Eating Out	5	5.7
Walks	4	4.6
Special Olympics	4	4.6

TABLE 9

GROUP SIZE THAT COMMUNITY-BASED SERVICE PROVIDERS MOST COMMONLY PLANNED FOR WHEN PROVIDING RECREATION ACTIVITIES.

Group Size	n	Percent
Individual	5	5.7
Small Group (2-5)	29	33.3
Large Group (6 or more)	52	59.8
No response	1	1.1

Community-based service providers were asked how clients participated in the decision-making process for choosing recreation activities. Six choices of input were provided and the providers were requested to circle all that applied (Table 10).

TABLE 10

THE FREQUENCY THAT ONE OF SIX CLIENT INPUT METHODS WAS USED BY COMMUNITY-BASED SERVICE PROVIDERS WHEN MAKING RECREATION DECISIONS.

Method of Input	n	Percent
Ask Client	83	95.4%
Client Preference Known by Staff	64	73.6%
Volunteered Comments	49	56.3%
Formal Assessment and Skills Inventories	30	34.5%
Comments from Family and/or Friends	23	26.4%
Other	10	12.6%

As can be seen in Table 10 95% of the providers asked their clients directly for input on recreation decisions. Seventy-four percent relied also on the fact that the staff knew their clients recreation activity preferences. Few providers received input from family and friends of MMRA's concerning recreation decisions.

In question five, providers were asked to decide which method of client input was used most commonly (Table 11).

TABLE 11

THE METHOD OF CLIENT INPUT MOST COMMONLY USED BY COMMUNITY-BASED SERVICE PROVIDERS WHEN MAKING RECREATION DECISIONS.

Method of Input	n	Percent
Ask Client	58	66.7
Client Preference Known by Staff	19	21.8
Volunteered Comments	7	8.1
Other	2	2.2
Formal Assessment and Skills Inventory	1	1.1
Comments from Family and/or Friends	0	0.0

As in Table 10, asking the clients directly for input, and the staff knowing their clients' recreation activity preferences, were the two most common methods used by providers.

What options do MMRA's have when choosing not to

participate in group recreation activities? Questions six and seven were designed to discover that answer. Six options commonly used were listed in the questionnaire with instructions to estimate usage of each option (Table 12). The answers to question seven revealed which option from question six was most often used by clients in their group home (Table 13).

TABLE 12

THE FREQUENCY THAT CLIENTS CHOSE ONE OF SIX OPTIONS WHEN NOT TAKING PART IN PLANNED RECREATION ACTIVITIES.

OPTION	Always	Often	Sometimes	Seldom	Never
stay home	10.4%	16.1%	34.5%	21.8%	17.2%
alternate act- ivity planned by staff	2.3%	24.2%	42.5%	18.4%	12.6%
alternate act- ivity planned by client	1.1%	17.2%	43.7%	25.3%	12.6%
must go, but does not have to participate	8.0%	15.0%	28.7%	25.3%	23.0%
no option	1.1%	6.9%	28.7%	23.0%	40.3%
other alternative	5.7%	11.5%	20.7%	2.3%	2.3%

TABLE 13

THE OPTION MOST COMMONLY USED BY CLIENTS WHEN CHOOSING NOT
TO TAKE PART IN PLANNED RECREATION ACTIVITIES.

Option	n	Percent
Option to stay home	19	21.8%
Alternate activity planned by staff	16	18.4%
Alternate activity planned by client	20	23.0%
Must go, but does not have to participate	24	27.6%
No option given	0	0.0%
Other alternative	4	4.6%
No response	4	4.6%

As can be seen in Table 12, all of the options listed in question six were used part of the time. No particular option was used significantly more than the others.

Table 13 reveals the option respondents stated was most commonly used. As in Table 12, Table 13 shows no particular option was used significantly more than another. However, "no option" was not picked by any provider answering the questionnaire.

Certified recreation therapists are trained specifically to understand the needs of special populations and provide recreation opportunities geared to their special abilities and concerns. Questions eight and nine discovered

that 57.5% of the 87 respondents did not contract with an outside recreation professional. Of the remaining respondents, 39.1% did contract with an outside professional, 1.1% did not know if they contracted with an outside professional, and 2.3% did not answer. Of those providers who contracted with an outside professional, 15% used a certified recreation therapist, 13.8% did not, and 9.2% did not know whether a recreation therapist was used.

Community recreation programs are a well known and utilized asset to community-based service providers since 98.8% of the corporations stated in question 10 that they did take part in these programs. Only one provider said that this source of recreation programming was not utilized.

Researchers have found that factors other than MMRA's lack of interest in participation may be limiting the diversity and variety of recreation activities they can pursue. Consequently, providers were asked to describe how each of nine factors limiting participation effected the recreation decisions made in their group homes (Table 14). Using the same nine factors, providers were then asked to pick the two factors they felt were most important when making decisions concerning recreation activities (Table 15).

TABLE 14

THE FREQUENCY THAT COMMUNITY-BASED SERVICE PROVIDERS RANKED THE IMPORTANCE OF EACH OF NINE FACTORS WHEN MAKING DECISIONS CONCERNING RECREATION ACTIVITIES.

FACTOR	Very	Sometimes	Neutral	Less	Not
money	36.8%	48.3%	9.2%	2.3%	1.1%
staff available	47.2%	32.2%	9.2%	5.7%	5.7%
time	28.7%	49.4%	16.1%	3.5%	2.3%
transportation	29.9%	36.8%	6.9%	14.9%	11.5%
client interest	60.9%	19.6%	12.7%	3.4%	2.3%
staff interest	10.3%	27.6%	41.4%	8.1%	11.5%
availability of activity	49.5%	36.8%	6.9%	2.3%	3.4%
availability of volunteers	8.1%	18.4%	20.7%	14.9%	36.8%
other	3.4%	4.6%	0.0%	1.1%	0.0%

In Table 14, "client interest", "availability of the activity", and "staff availability" ranked highest as the factors having a very important impact on community-based service providers making recreation activity decisions. "Staff interest" and the "availability of volunteers" were determined to be the least important or neutral factors.

TABLE 15
THE TWO FACTORS COMMUNITY-BASED SERVICE PROVIDERS CONSIDERED
MOST IMPORTANT WHEN MAKING DECISIONS CONCERNING RECREATION
ACTIVITIES.

Factor	Most Important	2nd Most Important
Money	26.5%	14.9%
Staff available	14.9%	27.6%
Time	1.1%	14.9%
Transportation	5.7%	11.5%
Client Interest	40.3%	14.9%
Staff Interest	1.1%	6.9%
Availability of Activity	8.1%	5.7%
Availability of Volunteers	0.0%	2.3%
Other	2.3%	1.1%

When asked which factor from question 12 the providers considered to be most important when making decisions concerning the provision of recreation activities, again "client interest" ranked number one. However, "money" ranked second as the most important factor considered when making recreation activity decisions (Table 15).

The questionnaire was intended to provide information about whether the recreation activities that MMRAs were receiving matched the type of activities these adults wished

to receive. Community-based service providers' opinions were an important source of this information since they spent so many hours with clients and often interpreted clients needs and wants. Table 16 shows the providers perceptions of their clients' interests in 11 types of activities.

TABLE 16
COMMUNITY-BASED SERVICE PROVIDERS' PERCEPTIONS OF CLIENTS'
PARTICIPATION INTEREST IN 11 GENERAL TYPES OF RECREATION
ACTIVITIES.

Types of Activities	High Interest	Average Interest	No Interest
Individual Activities	46.0%	48.3%	4.6%
Small Group Activities	38.0%	57.5%	3.4%
Large Group Activities	43.7%	50.6%	3.4%
Self-directed Activities	15.0%	58.6%	24.1%
Staff Directed Activities	36.8%	62.1%	0.0%
Indoor Activities	19.6%	79.3%	0.0%
Outdoor Activities	48.3%	44.8%	5.8%
Structured Activities	34.5%	63.3%	1.1%
Unstructured Activities	13.8%	67.9%	17.2%
Passive Activities	21.9%	70.1%	6.9%
Active Activities	34.5%	62.1%	1.1%

Providers perceived that MMRA's had high interest in individual, large group, and outdoor activities. It was also the providers' perceptions that their clients had significantly less interest in self-directed and unstructured activities (Table 16).

Finally, providers were asked, in general, what did they think their clients wanted more of or were not getting in terms of recreation activities. This open-ended question provided an interesting array of comments. While most comments were incidental to the study, three commonly mentioned items emerged that related to study questions. Almost one-third of those commenting thought that their clients would like more one-to-one individual activities in the community. About 16% thought their clients would like more outdoor activities, while another 8% believed their clients would like to do more swimming, but did not have the opportunity. Comments concerning lack of individual activities and more outdoor activities concur with findings from question 14 as presented in Table 16.

Response to Questionnaire #2

Questionnaire #2 was designed from the Pictorial Leisure Interest Inventory (PLII) and consisted of 35 pictures comprising seven areas of recreation qualities. Five pictures representing each quality are randomly dispersed over the 35 pictures. The seven qualities are:

games, art, mobility, privacy, sociability, altruism, and egocentricity.

As described in Chapter 3, of the 33 corporations providing community-based services in Montana, 11 were contacted and asked to take part in the second questionnaire. Ten corporations agreed to participate. Depending on their size, each of the ten corporations had from six to 12 participants respond. Ninety-eight questionnaires were obtained from the ten corporations, of which 87 were usable. The 12 unusable questionnaires were due to testing errors.

Results of Questionnaire #2

The sample for the second questionnaire (PLII) represented 87 MMRAs and the respective caregivers from their group homes. Of the 87 mentally retarded respondents, 42 were male and 42 were female. Three did not report their sex. The age of participants ranged from 20 to 70 years old.

Besides age and sex, information was sought concerning the verbal and functional development of respondents. Respondents varied considerably in their verbal and functioning levels. Of the sample, 64% were very verbal, 21% were moderately verbal, 5% were not verbal, and 10% were not reported. The functional level of respondents was relatively high (52% high functioning, 38% moderately

functioning, 5% low functioning, and 5% not reported).

Caregivers administering and taking the test were asked to state whether they thought the PLII accurately reflected the recreation interests of their client. Forty-two percent believed the PLII accurately reflected their clients interests. Forty-two percent believed the PLII only reflected their clients interests sometimes. Nine percent believed the PLII did not accurately reflect their clients interests and six percent did not respond.

To obtain data for a comparison of recreation interests of MMRAs and the perceived recreation interests of MMRAs by professionals working with them, the questionnaire was administered to both groups. The resulting paired data was tabulated from both groups and utilized to test the study hypothesis.

Test of the Study Hypothesis

In order to determine whether the MMRAs' recreational interests and the perception of those interests by the professionals working with them are similar, the following null hypothesis was formulated and tested: There is no significant difference between the expressed recreation interests of MMRAs and what the community-based service program professionals perceive as their recreation interests.

A Mann-Whitney Test was used to contrast the caregivers responses with those of the MMRAs. The Mann-Whitney Test tests the mean of the sum of the rankings of the caregivers with the mean of the sums of the rankings of the MMRAs. Results indicate that the hypothesis cannot be rejected at the 95% confidence interval for any of the seven recreation constructs (Table 17). In other words, the Mann-Whitney tests support the hypothesis that caregivers' perceptions of the recreation interests of their clients corresponds with the perceived interests of MMRAs in their care.

TABLE 17

MANN-WHITNEY TESTS OF THE PLII'S CONSTRUCTS REPRESENTING
SEVEN RECREATION CONSTRUCTS

	n	W-test	prob.	Reject Null Hypothesis
<u>Games Construct</u>	87	7433.0	.5900	cannot reject
<u>Art Construct</u>	87	7831.0	.5117	cannot reject
<u>Mobility Construct</u>	87	7388.5	.5011	cannot reject
<u>Privacy Construct</u>	87	7221.0	.2392	cannot reject
<u>Sociability Construct</u>	87	7500.0	.7360	cannot reject
<u>Altruism Construct</u>	87	7155.0	.1690	cannot reject
<u>Egocentricity Construct</u>	87	7215.0	.2321	cannot reject

CHAPTER 5

Summary, Findings, Conclusions,
Discussion, Considerations for Managers
and Recommendations for Further Study

Summary

The problem in this study was to identify recreational and leisure activities offered to MMRAs served in community-based service programs and to assess any unmet recreational interests of these adults.

The following four critical questions were identified for investigation in this study: 1) Do recreation activities managed by professionals working in Montana community-based service programs provide a wide range of opportunities and a variety of activity choices; 2) Are MMRAs involved in the decisions dealing with the provision of their recreation activities in community-based service programs; 3) What are the recreational interests of the MMRAs served in Montana community-based service programs; and 4) What do professionals working with MMRAs perceive are the recreational interests of the MMRAs in community-based service programs. Answers to critical questions four and five were used to test the study hypothesis that there was no significant difference between the expressed recreation interests of MMRAs and what the community-based service

program professionals perceive as their interests.

After completion of a review of the related literature, two questionnaires were developed and used to obtain the needed information. The Recreation/Leisure Activities in Community-Based Service Programs Questionnaire (Questionnaire #1) was designed to obtain information pertaining to critical questions one and two. Fain's (1980) Pictorial Leisure Interest Inventory (PLII) was chosen as the study instrument used to gather information to test the following hypothesis: there is no significant difference between the expressed recreation interests of MMRAs and what the community-based service program professionals perceive as their recreation interests.

The population chosen for this study consisted of MMRAs served by Montana's community-based service programs and the professionals working with them. The entire set of 33 community-based service program corporations were surveyed using Questionnaire #1. Twenty-six corporations completing questionnaires were used in the final analysis. One hundred MMRAs and their caregivers representing 11 corporations were asked to take part in Questionnaire #2. Eighty-seven pairs of completed questionnaires were used in the final analysis.

Analysis of Questionnaire #1 involved presenting the data in frequency tables. Data from Questionnaire #2 was used to test the hypothesis. A Mann-Whitney test was performed on each paired set of data obtained for each of

the seven recreation quality constructs making up the PLII.

Findings

Findings from Questionnaire #1 revealed the following information regarding the range of opportunities and the variety of activity choices provided MMRAs served in community-based service programs:

1. Seventy activities were given as activities most participated in by MMRAs in Montana's community-based service programs.

2. The six most popular activities were bowling, eating out, movies, dancing/dances, picnics, and swimming.

3. Bowling was the most participated in activity as well as the most popular activity.

4. Close to 60% of the community-based service providers stated that they most often planned recreation activities for large groups. Thirty-three percent most often plan for small groups and 5.7% plan for individual activities.

5. It was found that 57.5% of the providers did not contract with an outside recreation professional, while 39.1% did contract with an outside professional to provide program leadership. Of the 39.1% who did contract with an outside professional, only 15% used a certified recreation therapist.

6. Overwhelmingly, community-based service providers

utilized community recreation programs. Nearly 99% of the providers took part in these programs.

7. When asked about MMRAs interests in various types of recreation activities, providers perceived that MMRAs had a high interest in individual, large group, and outdoor activities. Providers' also perceived that MMRAs had significantly less interest in self-directed and unstructured activities.

The findings from Questionnaire #1 also revealed the following information pertaining to the involvement of MMRAs in the decisions effecting the provision of recreation activities in community-based service programs:

1. The majority of providers, 95%, stated that they asked MMRAs directly for input on recreation activity decisions. Seventy-four percent said they also relied on the fact that the staff knew their clients recreation preferences.

2. When MMRAs chose not to take part in a planned group activity there was a wide range of options available to them. No options were used significantly more than another.

3. Providers stated that "client interest", "availability of the activity", and "staff availability" were the factors having a very important impact on community-based service program recreation activity decisions.

4. When ranking the factors that had an impact on

recreation activity decisions, providers chose "client interest" as the most important factor and "money" as the second most important factor.

Findings from Questionnaire #2 were used to test the hypothesis that there is no significant difference between the expressed recreation interests of MMRAs and what the community-based service program professionals perceive as their recreation interests. The Mann-Whitney test for each of the seven recreation constructs indicated that the hypothesis cannot be rejected at the 95% confidence interval. This supports the hypothesis that caregivers' perceptions of the recreation interests of their clients closely corresponds with the perceived recreation interests of MMRAs.

Conclusions

Based upon the findings, the following conclusions appear to be warranted:

1. Montana's community-based service programs offer a wide range of recreation opportunities and a variety of recreation activity choices.
2. Bowling was the most participated in and the most preferred recreation activity by MMRAs served in community-based service programs.
3. Although individual activities are not planned for in the majority of community-based service programs,

caregivers believe MMRAs have an interest in this type of recreation activity.

4. MMRAs are involved to at least some degree in the decision-making process determining their recreation activities in Montana community-based service programs.

5. The results of the PLII and the hypothesis test revealed that community-based service program caregivers' perceptions of the recreation interests of their clients correspond with the perceived recreation interests of MMRAs.

Discussion

MMRAs living in Montana group homes seem to have the choice of a wide range of opportunities and a variety of recreation activities. They also are involved, to some extent, in the everyday decisions made with community-based service providers about their recreation pursuits. There seems to be congruence between the perceptions of the community-based service providers concerning what clients' interests are in recreation programming and what clients identify as their interests. These conclusions provide information useful for assessing the quality of life of MMRAs in Montana group homes.

The three criteria that have been suggested for use in measuring the recreation and leisure facet of quality of life include: 1) the availability of choices, 2) the opportunity to make a choice, and 3) the ability and freedom

of independent pursuit. This study provides data to support the availability of choices and the opportunity to make a choice with certain qualifications.

This study provides data that shows MMRAs have availability of choices, with one important limitation. Although there appears to be a wide range and variety of recreation choices available as cited in this study, this information is for the entire population of MMRAs served in group homes in Montana. Individual group homes may, or may not, offer as wide a range or the variety of activities.

Criterion two, the opportunity to make a choice, does not seem to be a concern. Fully 95% of the providers asked their clients directly for input on recreation decisions. This demonstrates a consistency throughout the population. Although asking clients for input is a vital step this does not change the fact that most recreation decisions in group homes are made in conjunction with caregivers and many times as a group. Although this study shows that since the days of institutionalization great strides have been made in providing MMRAs choices in recreation nonetheless, it does not eliminate the need for continued efforts.

The third criterion, the ability and freedom of independent pursuit, was not directly addressed by this study. It is an intertwined relationship between MMRAs in group homes and their caregivers. The freedom individuals in group homes have is, in many ways, monitored and

moderated by the caregivers in charge.

These caregivers know a great deal about their MMRA clients and their interests in relation to recreation and leisure pursuits. This study suggests the importance of tapping their wealth of information when planning recreation and leisure activities for this group.

Society must continue to strive to provide the widest freedom of choice for MMRAs, and all developmentally disabled persons, who have, for too long, been held captive by the "normal" populations beliefs, attitudes, and limits. It seems evident that MMRAs served in Montana's group homes have strong champions in their caregivers, the community-based service providers. Providers have, in general, an accurate grasp on the recreation and leisure interests of their clients. It is important, however, that they not take this knowledge for granted. Providers need to continue offering new recreation and leisure opportunities in a variety of settings allowing group home residents the right to change, grow, and make new choices.

Considerations for Managers

1. This study identifies a wide range of home and community-based recreation and leisure activities engaged in by adult residents in Montana group homes. The list of activities could be used in various ways. For example, this list could provide a resource of ideas for group home

providers who may not be offering all activities listed. It could also serve as a baseline for future studies addressing use of leisure time by MMRAs.

2. Some areas of concern were identified through the study. Community-based service program providers may want to evaluate their recreation programs for opportunities and variety of activities. Special attention should be given to the areas of individual activities and outdoor recreation.

3. Providers may find using a pictorial instrument such as the PLII will provide new information concerning their clients' recreation interests. Although a number of providers found some pictures in the PLII difficult to understand, they did find the instrument helpful. Many providers remarked that the PLII provided a catalyst for talking with MMRAs about recreation and leisure interests and that the pictures sparked new thoughts and ideas for both providers and their clients.

Recommendations for Further Study

1. Obtaining accurate information on recreation choices MMRAs may make in the future continues to require thoughtful research. While the use of pictures may help study participants express their interests, the Pictorial Leisure Interest Inventory (PLII) used in this study may not be the best alternative. The pictures attempt to depict a general quality of recreation as opposed to a specific recreation or

leisure activity. Agreement on qualities may differ and the pictures themselves may not provide an accurate portrayal. The problem continues to be one of determining how to ask individuals if they would like to participate in an activity they've never seen, done, or heard of before.

2. Further work may be warranted on the specific area of individual recreation activities available to MMRAs. The lives of these individuals tend to be spent more in the company of others, whether other MMRAs or caregivers. The need for individual pursuits and the choice to be alone are important components of a humans' well-being.

3. In order to insure options that include a wide variety and increasing set of recreation opportunities for MMRAs, follow-up studies similar to this investigation continue to be necessary.

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APPENDIX A

First Questionnaire Cover Letter to Administrator

Dear (Administrator's Name),

To increase our knowledge of recreation and leisure needs of Montanans with developmental disabilities, we have undertaken a project to (1) develop a statewide resource directory, (2) conduct a consumer survey, (3) conduct training programs, and (4) make recommendations to the Developmental Disabilities Planning and Advisory Council. This project is funded by the Montana Developmental Disabilities Planning and Advisory Council.

Please let us know what is being done and what could be done concerning recreation and leisure activities in your organization by seeing that the enclosed questionnaires are completed. Community-based service programs were chosen for this research because you work directly with the individuals and because of your ability to immediately apply the information gathered. Since there is such a small number of community-based service programs in our state every questionnaire is important.

The questionnaire should be completed by the persons responsible for organizing or administering recreation programs for your clients. We have enclosed enough forms for each residential service program listed under your corporation. Please have the manager of each program fill out the questionnaire and return all the forms in the enclosed self-addressed, stamped envelope. All information will be confidential. The questionnaires have an identification number for mailing and follow-up purposes only. We will be happy to send you a copy of the survey results. There is a place at the end of the questionnaire to request a summary of the results.

If you have any questions concerning either the questionnaire or the research please call or write the Montana University Affiliated Program Satellite (MUAPS) and ask for Philip Wittikiend or Georgina Gryc Park. Our sincere thanks, in advance, for taking your time to provide us with this important information.

Sincerely,

Georgina Gryc Park
Research Coordinator

APPENDIX B

First Questionnaire Cover Letter to Manager

Dear (Manager's Name),

To increase our knowledge of recreation and leisure needs of Montana's with developmental disabilities, we have undertaken a project to (1) develop a statewide resource directory, (2) conduct a consumer survey, (3) conduct training programs, and (4) make recommendations to the Developmental Disabilities Planning and Advisory Council. This project is funded by the Montana Developmental Disabilities Planning and Advisory Council.

Please let us know what is being done and what could be done concerning recreation and leisure activities in your organization by seeing that the enclosed questionnaire is completed. Community-based service programs were chosen for this research because you work directly with the individuals and because of your ability to immediately apply the information gathered. Since there is such a small number of community-based service programs in our state every questionnaire is important.

The questionnaire should be completed by you, the manager, for the program you administer. The questions apply to both group outings and individual pursuits. Transitional Living Managers should summarize the information requested for all the clients you serve. Please take the time right now to complete the questionnaire and return the form to your Executive Director to be mailed back. All information will be confidential. The questionnaire has an identification number for mailing and follow-up purposes only. We will be happy to send you a copy of the survey results. There is a place at the end of the questionnaire to request a summary of the results.

If you have any questions concerning either the questionnaire or the research please call or write the Montana University Affiliated Program Satellite (MUAPS) and ask for Philip Wittekiend or Georgina Gryc Park. Our sincere thanks, in advance, for taking your time to provide us with this important information.

Sincerely,

Georgina Gryc Park
Research Coordinator

APPENDIX C

Recreation/Leisure Activities in Community-Based Service Programs Questionnaire

SURVEY:
RECREATION/LEISURE ACTIVITIES
IN
COMMUNITY-BASED SERVICE PROGRAMS





Montana University Affiliated Program Satellite

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University of Montana • Missoula, Montana 59812 • (406) 243-5467

Dear Manager,

To increase our knowledge of recreation and leisure needs of Montanans with developmental disabilities, we have undertaken a project to (1) develop a statewide resource directory, (2) conduct a consumer survey, (3) conduct training programs, and (4) make recommendations to the Developmental Disabilities Planning and Advisory Council. This project is funded by the Montana Developmental Disabilities Planning and Advisory Council.

By completing the enclosed questionnaire please let us know what is being done and what could be done concerning recreation and leisure activities in your organization. Community-based service programs, such as yours, were chosen for this research because you work directly with the individuals and because of your ability to immediately apply the information gathered. Since there is such a small number of Community-based service programs in our state, every questionnaire is important.

The questionnaire should be completed by you, the manager, for the program you administer. The questions apply to both group outings and individual pursuits. Transitional Living managers should summarize the information for all the clients you serve. Please take the time right now to complete the questionnaire and return the form to your Executive Director to be mailed back. All information will be confidential. The questionnaire has an identification number for mailing and follow-up purposes only. We are happy to send you a copy of the survey results if you will mark that place on your questionnaire.

If you have any questions concerning either the questionnaire or the research, please call or write the Montana University Affiliated Program Satellite (MUAPS) and ask for Philip Wittekiend or Georgina Gryc Park. Our sincere thanks, in advance, for taking the time to provide us with this important information.

Sincerely,

Georgina Gryc Park
Research Coordinator

COMMUNITY-BASED SERVICE PROGRAM RECREATION/LEISURE SURVEY

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PLEASE ANSWER ALL THE FOLLOWING QUESTIONS AS THEY RELATE TO THE CLIENTS
WITH WHICH YOU WORK DIRECTLY.

=====

1. Which recreation/leisure activities that you offer have the greatest number
of participants? (PLEASE LIST IN ORDER OF GREATEST NUMBER FIRST ON DOWN)

1. _____
2. _____
3. _____
4. _____
5. _____

2. Using the activities listed above, rank in order of client preference which
three are most popular. (PUT NUMBER OF ITEM IN APPROPRIATE BOX)

- ☐ MOST POPULAR
- ☐ 2ND MOST POPULAR
- ☐ 3RD MOST POPULAR

3. For which size group do you plan most recreation/leisure activities?
(CIRCLE THE NUMBER OF THE ITEM THAT MOST OFTEN APPLIES)

1. INDIVIDUAL
2. SMALL GROUPS (2-5 PARTICIPANTS)
3. LARGE GROUPS (6 OR MORE)

4. How do your clients provide input to recreation/leisure decisions?
(CIRCLE ALL THAT APPLY)

1. STAFF KNOWN PREFERENCE BY CLIENT
2. ASK THEM
3. FORMAL ASSESSMENT/SKILLS INVENTORIES
4. VOLUNTEERED COMMENTS
5. COMMENTS FROM FAMILY AND/OR FRIENDS
6. OTHER: _____

5. Of the above list (from question #4) which method of client input is most
commonly used? (PLACE NUMBER IN THE BOX)

- ☐ MOST COMMONLY USED METHOD
OF CLIENT INPUT

options from which to choose should they not want recreation/leisure activity. Please estimate how by your clients.

ESTIMATE USAGE OF EACH OPTION
(CIRCLE YOUR ANSWER)

73

1. option to stay home.....	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
2. alternate activity planned by staff.....	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
3. alternate activity planned by client.....	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
4. Must go, but does not have to participate.....	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
5. no option given.....	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER
6. Other alternative: _____	ALWAYS	OFTEN	SOMETIMES	SELDOM	NEVER

7. From the list of options above (in question #6) which option is most often used? (PUT THE NUMBER OF THE ITEM IN THE BOX)

MOST USED OPTION

8. Do you contract with any outside recreation/leisure professionals to help provide activities, programs, or leisure counseling for your clients? (CIRCLE ONE)

1. YES

2. NO (IF NO, PLEASE GO TO QUESTION #10)

3. I DON'T KNOW (THEN PLEASE GO TO QUESTION #10)

9. If yes, are the outside professionals certified recreation therapists? (CIRCLE ONE)

1. YES

2. NO

3. I DO NOT KNOW

10. Does your corporation take part in community recreation/leisure programs? (examples might include Special Olympics, or your local Parks & Recreation) (CIRCLE ONE)

1. YES

2. NO

11. If you do take part in community programs please complete the following:

PROGRAM OR ORGANIZATION'S NAME

1. _____

2. _____

3. _____

4. _____

PROGRAM OR ORGANIZATION'S NAME

5. _____

6. _____

7. _____

8. _____

12. The following are factors that could be considered when making decisions 74
concerning recreation/leisure activities. FOR EACH FACTOR PLEASE CIRCLE
THE WORD THAT DESCRIBES HOW IMPORTANT THAT FACTOR IS WHEN MAKING DECISIONS.

HOW IMPORTANT IS EACH FACTOR IN DECISION-MAKING
(CIRCLE YOUR ANSWER)

1. money.....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
2. staff available.....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
3. time.....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
4. transportation.....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
5. client interest.....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
6. staff interest.....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
7. availability of activity....	VERY	SOMETIMES	NEUTRAL	LESS	NOT
8. availability of volunteers..	VERY	SOMETIMES	NEUTRAL	LESS	NOT
9. other:_____	VERY	SOMETIMES	NEUTRAL	LESS	NOT

13. Using the list of factors above (in question #12) which two do you consider
to be the most important? (PUT NUMBER OF ITEM IN APPROPRIATE BOX)

☐

MOST IMPORTANT FACTOR

☐

2ND MOST IMPORTANT FACTOR

14. In terms of recreation/leisure participation, how do you perceive your clients' interests in the following types of activities? PLEASE CIRCLE THE WORD THAT DESCRIBES THE CLIENTS' INTEREST IN PARTICIPATING.

INTEREST IN PARTICIPATING (CIRCLE YOUR ANSWER)			
1. individual activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
2. small group activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
3. large group activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
4. self-directed activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
5. staff directed activities....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
6. indoor activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
7. outdoor activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
8. structured activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
9. unstructured activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
10. passive activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST
11. active activities.....	HIGH INTEREST	AVERAGE INTEREST	NO INTEREST

15. What do you think your clients want more of or are not getting in terms of recreation/leisure activities? (BRIEFLY DESCRIBE)

FINALLY, TO HELP IN THE INTERPRETATION OF RESULTS WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOURSELF AND YOUR CORPORATION.

=====

1. Name of your corporation: _____

2. Your Job Title: _____

3. In what program do you work? (CIRCLE ONE)

1. ADULT GROUP HOME (INCLUDING SENIORS)

2. DAY ACTIVITY/WORK CENTER

3. TRANSITIONAL LIVING PROGRAM

4. INDEPENDENT LIVING PROGRAM

5. INTENSIVE TRAINING HOME

6. OTHER: _____

4. Briefly describe your education/experience in recreation/leisure?

5. Your sex (CIRCLE ONE)

1. MALE

2. FEMALE

6. Your present age: _____

7. What county is your corporation located in? _____

8. How many clients does your individual program serve? (FILL IN THE NUMBER)

_____ NUMBER SERVED

9. How many clients counted above (in question #9) are mildly or moderately mentally retarded? (FILL IN THE NUMBER)

_____ NUMBER MILDLY/MODERATELY
MENTALLY RETARDED

FINALLY, TO HELP IN THE INTERPRETATION OF RESULTS WE WOULD LIKE TO ASK SOME QUESTIONS ABOUT YOURSELF AND YOUR CORPORATION.

=====

1. Name of your corporation: _____

2. Your Job Title: _____

3. In what program do you work? (CIRCLE ONE)

1. ADULT GROUP HOME (INCLUDING SENIORS)

2. DAY ACTIVITY/WORK CENTER

3. TRANSITIONAL LIVING PROGRAM

4. INDEPENDENT LIVING PROGRAM

5. INTENSIVE TRAINING HOME

6. OTHER: _____

4. Briefly describe your education/experience in recreation/leisure?

5. Your sex (CIRCLE ONE)

1. MALE

2. FEMALE

6. Your present age: _____

7. What county is your corporation located in? _____

8. How many clients does your individual program serve? (FILL IN THE NUMBER)

_____ NUMBER SERVED

9. How many clients counted above (in question #9) are mildly or moderately mentally retarded? (FILL IN THE NUMBER)

_____ NUMBER MILDLY/MODERATELY
MENTALLY RETARDED

APPENDIX D

Second Questionnaire Cover Letter

June 19, 1987

Dear Executive Director,

Thank you for your willingness to take part in our recreation survey of Community-based service program clients. Without your help research such as this would, of course, not be possible. At the end of this work we will be sending out, to all contributors, a report on the findings of our research. I hope you will find this information helpful and interesting.

As we discussed over the phone your corporation will be reimbursed five dollars for each questionnaire administered and completed. Exact instructions for the administration of the questionnaire is included elsewhere in this packet. Each person who will be administering the questionnaire to a client should read all the instructions carefully before beginning.

To complete the project and to ensure reimbursement please return to us the following items:

1. An invoice on corporation letterhead needs to be included that states the questionnaires were administered during the month of June. The invoice should also include the number of questionnaires completed and the Federal I.D. number used by the corporation.
2. Return all sets of pictures making up the questionnaire instrument. The pictures do not belong to our organization and permission has only been granted to use them for this specific project.
3. Return all scoring sheets and comment sheets, including any that were not used.

If you have any questions please feel free to contact Montana University Affiliated Program Satellite (MUAPS) and ask for either Philip Wittekiend or Georgina Gryc Park. Once again, thank you very much for helping us with this project.

Sincerely,

Georgina Gryc Park
Research Coordinator

APPENDIX E

Second Questionnaire Instructions

INSTRUCTIONS

The Pictorial Leisure Interest Inventory (PLII) was designed around seven constructs or areas of recreation qualities. The pictures depict a quality of recreation rather than just a recreational activity. It is important to remember that someone may show an interest in doing what is depicted in a picture even though they have never experienced it and may not be able to experience it. We are interested in their interests regardless of whether or not there is a possibility to fulfill them at this time.

The administrator of the PLII ought to be familiar with basic techniques for test administration including establishing an appropriate setting (adequate lighting, comfortable chair, low extraneous noise, etc.).

Familiarize yourself with the PLII pictures by going through them once or twice. Familiarize yourself with the two scoring sheets before starting. One score sheet is for the client you will be administering the test to and one score sheet is for you, the administrator, to fill out. The score sheet for you, the administrator, should be completed simultaneously with the client's score sheet. You will be circling the answer you believe that client will choose.

The instructions to the subject are, "Is this a picture of something that you would like to be doing?" You should not ask any additional questions. If the client asks, "What does this picture mean?", the administrator should say, "do your best to figure it out." We recommend that each picture be scored as quickly as possible with you scoring your impression first, then scoring the client's answer. It is important not to bias the client's response with comments or suggestions. Attempt to score every picture if possible. After scoring the PLII, feel free to go back through to answer any questions the client may have, but do not change any of the client's responses.

At the end of the client score sheet there is a comment sheet for you to fill out. This would be the appropriate place to note any confusing pictures or other problems you encountered while administering the PLII. There are also several demographic questions that we need answered to be able to adequately analyze the data collected. Please keep both sets of score sheets for a client together to facilitate our interpretation.

All score sheets, completed or not, and all copies of the PLII should be returned via the corporation director in the pre-paid return envelope. Thank you for your help and time. Without willing help from service providers, such as yourself, research of this type would not be possible. If you have any further questions, please contact Montana University Affiliated Program Satellite (MUAPS) and ask for Philip Wittekiend or Georgina Gryc Park (243-5467).

Respondent's Name: _____

Test giver's Name: _____

INSTRUCTIONS

For each picture ask the respondent: "Is this a picture of something that you would like to be doing?" Circle the number of the answer that best fits the client's response.

<u>Picture #</u>	<u>no/negative response</u>	<u>maybe/ sometimes</u>	<u>yes/positive response</u>
1.....	1	2	3
2.....	1	2	3
3.....	1	2	3
4.....	1	2	3
5.....	1	2	3
6.....	1	2	3
7.....	1	2	3
8.....	1	2	3
9.....	1	2	3
10.....	1	2	3
11.....	1	2	3
12.....	1	2	3
13.....	1	2	3
14.....	1	2	3
15.....	1	2	3
16.....	1	2	3
17.....	1	2	3
18.....	1	2	3

INSTRUCTIONS

For each picture ask the respondent: "Is this a picture of something that you would like to be doing?"

Circle the number of the answer that best fits the client's response.

<u>Picture #</u>	<u>no/negative response</u>	<u>maybe/ sometimes</u>	<u>yes/positive response</u>
19.....	1	2	3
20.....	1	2	3
21.....	1	2	3
22.....	1	2	3
23.....	1	2	3
24.....	1	2	3
25.....	1	2	3
26.....	1	2	3
27.....	1	2	3
28.....	1	2	3
29.....	1	2	3
30.....	1	2	3
31.....	1	2	3
32.....	1	2	3
33.....	1	2	3
34.....	1	2	3
35.....	1	2	3

The End

Please complete the following after administering the questionnaire to a client. This information will be helpful in evaluating the instrument's usefulness and applicability to this specific population. Thank you for your time.

Read and circle the words that best answer the question.

1. Do you feel that the questionnaire accurately reflects the recreation interests and needs of this client?

yes sometimes no

2. Do you feel that the pictures, in general, were understood by this client?

yes sometimes no

3. Were there specific pictures that you thought were not understood by the client?

yes no

4. If yes, which specific pictures did you feel there were problems with understanding? (please list picture number and any comments you might have on why the picture was not understood or appropriate.)

5. How would you classify the client who just participated in this questionnaire? (circle all appropriate answers)

high functioning moderate functioning low functioning

very verbal moderately verbal not verbal

male female

6. What is the client's age? _____

7. How well do you know the client?

very well moderately well not well

8. Are there any other comments you would like to make?

Thank you for your time and help with this project. Please do not detach this page from the questionnaire it is attached to.

TEST GIVER'S SCORE SHEET

For: _____
(client's name)INSTRUCTIONS

Fill this score sheet out simultaneously with the client's, answering as you perceive the client will answer. Do not share your answer with the client or influence the client based on your perception of what the client will answer.

For each picture ask the respondent: "Is this a picture of something that you would like to be doing?"

Circle the number of the answer that best fits how you think the client will respond.

<u>Picture #</u>	no/negative response	maybe/ sometimes	yes/positive response
1.....	1	2	3
2.....	1	2	3
3.....	1	2	3
4.....	1	2	3
5.....	1	2	3
6.....	1	2	3
7.....	1	2	3
8.....	1	2	3
9.....	1	2	3
10.....	1	2	3
11.....	1	2	3
12.....	1	2	3
13.....	1	2	3
14.....	1	2	3
15.....	1	2	3
16.....	1	2	3
17.....	1	2	3
18.....	1	2	3

INSTRUCTIONS

For each picture ask the respondent: "Is this a picture of something that you would like to be doing?"

Circle the number of the answer that best fits how you think the client will respond.

<u>Picture #</u>	no/negative response	maybe/ sometimes	yes/positive response
19.....	1	2	3
20.....	1	2	3
21.....	1	2	3
22.....	1	2	3
23.....	1	2	3
24.....	1	2	3
25.....	1	2	3
26.....	1	2	3
27.....	1	2	3
28.....	1	2	3
29.....	1	2	3
30.....	1	2	3
31.....	1	2	3
32.....	1	2	3
33.....	1	2	3
34.....	1	2	3
35.....	1	2	3

The End

SCORING

To obtain profile, simply total the number of points assigned to each construct as depicted by the picture.

Example: Picture # 1 was scored with a 3. Give PRIVACY 3 points.

CONSTRUCTS	PICTURES	TOTAL SCORE
GAMES	9____14____18____25____30____ = ____	
ART	4____8____29____31____34____ = ____	
MOBILITY	2____7____12____17____21____ = ____	
PRIVACY	1____6____10____13____24____ = ____	
SOCIABILITY	5____19____22____23____32____ = ____	
ALTRUISM	3____16____20____26____35____ = ____	
EGOCENTRICITY	11____15____27____28____33____ = ____	
		TOTAL = ____

APPENDIX F

Second Questionnaire

**PICTORIAL
LEISURE INTEREST INVENTORY**

BY

GERALD S. FAIR

PICTORIAL LEISURE INTEREST INVENTORY

FOR RESEARCH PURPOSES ONLY

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